

APPENDIX A

PERFORMANCE APPRAISAL REPORT

SECTION I. ADMINISTRATIVE DATA

Reporting Activity:

Period covered:

Practitioner Name/Grade/SSN/Designator:

Specialty:

Department:

Position:

Purpose of Report:

____ Granting Staff Appointment

____ Renewal of Staff Appointment

____ TAD

____ AT/ADSW/ADT

____ Transfer/Separation/Termination

____ Plan of Supervision (POS)

____ Other (specify in section X)

ICF has been reviewed: ____ Yes ____ No ____ Unavailable for review

Contents are current as required by BUMEDINST 6320.66 series: ____ Yes ____ No

SECTION II. PRIVILEGES BEING EVALUATED (See privilege sheets dated _____)

| Specialty | Core | Supplemental | Itemized |
|-----------|------|--------------|----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Privilege information based on ____ privilege sheets or ____ appendix N (ICTB)

CLINICAL PERFORMANCE PROFILE

SECTION III. PRACTICE VOLUME DATA

- a. # of admission or outpatient encounters _____/_____
- b. # of days unavailable due to TAD deployment, etc. _____
- c. # of major or selected procedures _____
- d. Percent of time in direct patient care _____

SECTION IV. MEDICAL STAFF QUALITY MANAGEMENT MEASURES

Within Standards

Yes No

- a. Surgical/Invasive/Noninvasive Procedures Review _____/_____
- b. Blood/Blood Components Utilization Review _____/_____
- c. Drug Utilization Review _____/_____
- d. Medical Record Pertinence Review (administrative) _____/_____
- e. Medical Record Peer Review _____# Records Reviewed _____# Records Deficient

Comments

SECTION V. DENTAL STAFF QUALITY MANAGEMENT MEASURES

Within Standards

Yes No

- a. Dental Procedures Review _____/_____
- b. Drug Utilization Review _____/_____
- c. Dental Record Pertinence Review _____/_____
- d. Dental Record Peer Review: _____# Procedures Reviewed
_____# Procedures Deficient

Comments

SECTION VI. FACILITY WIDE MONITORS

| Facility Wide Monitors | Sat | Unsat | Not Obs |
|---|-----|-------|---------|
| a. Utilization management | | | |
| b. Infection control | | | |
| c. Incident reports/management variance reports | | | |
| d. Patient contact/satisfaction program | | | |
| e. Risk management activities | | | |

Note: For any item marked "unsatisfactory" in section VI, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

SECTION VII. PROFESSIONAL DEVELOPMENT

- a. # of continuing education credit hours awarded _____.
- b. # of papers published and professional presentations _____.
- c. Other recognition of positive professional achievement (attach explanation/ comments).

SECTION VIII. PROFESSIONAL EVALUATION ELEMENTS

| Evaluation Elements | Sat | Unsat | Not Obs |
|--|------------|--------------|----------------|
| a. Basic professional knowledge | | | |
| b. Technical skill/competence | | | |
| c. Professional judgment | | | |
| d. Ethical conduct | | | |
| e. Participation in staff, department and committee meetings | | | |
| f. Ability to work with peers and support staff | | | |
| g. Ability to supervise peers and support staff | | | |

Note: For any item in section VIII marked "unsatisfactory" provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

SECTION IX. PRIVILEGING ACTIONS

| To your knowledge, has the practitioner (at this activity) | Yes | No |
|---|------------|-----------|
| a. Had privileges or staff appointment adversely denied, suspended, reduced, or revoked? | | |
| b. Been the primary subject of an investigation? | | |
| c. Provided substandard care as substantiated through one of the actions in item b? | | |
| d. Required counseling, additional training or special supervision? | | |
| e. Failed to obtain appropriate consultation? | | |
| f. Been the subject of a disciplinary action for misconduct? | | |
| g. Required modification of practice due to health status? | | |
| h. Been diagnosed as being alcohol dependent or having a organic mental disorder or psychotic disorder? | | |

Note: For any item in section IX marked "yes", provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

SECTION X. CLINICAL COMPETENCY CORE PRIVILEGES: Address overall clinical competency of this provider (attach additional sheets and identify section as needed)

SECTION XI. CLINICAL COMPETENCY SUPPLEMENTAL PRIVILEGES: Address overall clinical competency of each supplemental privilege granted, and provide number of cases/procedures for each supplemental practiced during this appointment cycle. (attach additional sheet if needed).

SECTION XII. COMMENTS: If the answer to any of the questions in section VI, VII, or IX is "unsatisfactory" or "yes" provide full details below or on a separate sheet of paper and attach to this form. Identify items by section and letter.

SECTION XIII. PRIVILEGES AUTHORITY SIGNATURES

| Title | Signature | Comments Attached | Date |
|--|-----------|-------------------|------|
| Department Head/Senior Medical Officer (SMO)/Senior Dental Officer (SDO) | | | |
| Practitioner | | | |
| Directorate | | | |
| Chair, Credentials Committee | | | |
| Chair, ECOMS/ECODS | | | |

APPENDIX A
PERFORMANCE APPRAISAL REPORT

PREVENTIVE MEDICINE/POPULATION HEALTH

SECTION I

Reporting Activity: _____ Period covered to: _____

Practitioner Name/Grade/SSN/Designator: _____

Specialty: _____ Department: _____ Position: _____

Purpose of Report:

_____ Granting Staff Appointment

_____ Renewal of Staff Appointment

_____ TAD

_____ AT/ADSW/ADT

_____ Transfer/Separation/Termination

_____ Plan of Supervision (POS)

_____ Other (specify in section X)

ICF has been reviewed: _____ Yes _____ No _____ Unavailable for review

Contents are current as required by BUMEDINST 6320.66 series: _____ Yes _____ No

SECTION II. PRIVILEGES BEING EVALUATED (See privilege sheets dated _____)

| Specialty | Core | Supplemental | Itemized |
|-----------|------|--------------|----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Privilege information based on _____ privilege sheets or _____ appendix CTB (check one).

POPULATION-BASED PERFORMANCE PROFILE

SECTION III. PRACTICE VOLUME DATA

- a. # of individual patient preventive medicine encounters _____
- b. # of population health encounters (group) _____
- c. # of days TAD/deployed for preventive medicine support or population health improvement _____
- d. # of deployments for support of operational forces _____
- e. # of outbreak investigations or other epidemiology studies performed _____
- f. Percent of time in preventive medicine or population health practice _____

SECTION IV. MEDICAL STAFF QUALITY MANAGEMENT MEASURES (COMMENTS)

- a. Surveillance Procedures, Data Collection / Analysis / Interpretation _____
- b. Epidemiological and biostatistical methods _____
- c. Investigation of epidemics / other health-related events _____
- d. Assess disease and health risk factors _____
- e. Individual and group education _____
- f. Design and implementation of intervention to reduce risk _____
- g. Medication indications, use, and outcomes _____
- h. Worksite and community-based health promotion activities _____
- i. Population Health Reports _____
- j. Medical Record Peer Review: _____# Records Reviewed _____# Records Deficient

SECTION V

| Population Based Monitors | Sat | Unsat | Not Obs |
|---|------------|--------------|----------------|
| a. Utilization management | | | |
| b. Infection control | | | |
| c. Incident Reports/Management Variance Reports | | | |
| d. Patient Contact/satisfaction program | | | |
| e. Risk Management Activities | | | |

Note: For any item marked "Unsatisfactory" in section VI and VIII, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

SECTION VI. PROFESSIONAL DEVELOPMENT

- a. # of continuing education credit hours awarded _____
- b. # of papers published _____
- c. # of professional presentations _____
- d. Other recognition of positive professional achievements (attach explanation/comments).

SECTION VII

| Evaluation Elements | Sat | Unsat | Not Obs |
|---|------------|--------------|----------------|
| a. Basic professional knowledge | | | |
| b. Technical skill/competence | | | |
| c. Professional judgment | | | |
| d. Ethical conduct | | | |
| e. Participation in staff, department, committee meetings | | | |
| f. Ability to work with peers and support staff | | | |
| g. Ability to supervise peers and support staff | | | |

NOTE: For any item marked "Unsatisfactory" in sections IV and VIII, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

SECTION VIII. If the answer to any of the following questions is "Yes" provide full details in section XIII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

| To your knowledge, has the practitioner (at this activity) | Yes | No |
|--|------------|-----------|
| a. Had privileges or staff appointment adversely denied, suspended, limited, or revoked? | | |
| b. Been the primary subject of an investigation? | | |
| c. Had substandard care substantiated through one of the actions in b? | | |
| d. Required counseling, additional training, or special supervision? | | |
| e. Failed to obtain appropriate consultation? | | |
| f. Been the subject of a disciplinary action for misconduct? | | |
| g. Required modification of practice due to health status? | | |
| h. Been diagnosed as being alcohol dependent or having an organic mental disorder or psychotic disorder? | | |

SECTION IX. Address overall Preventive Medicine and Population Health competency of this provider (attach additional sheets and identify section as needed)

SECTION X. Address overall Preventive Medicine and Population Health competency for each supplemental privilege granted, provide number of cases/procedures for each supplemental during this appointment cycle (attach additional sheets and identify section as needed).

SECTION XI. PRIVILEGES AUTHORITY SIGNATURES

| Signature | Attached | Comments | Date |
|------------------------------|-----------------|-----------------|-------------|
| Dept. Head/SMO/OIC | | | |
| Practitioner | | | |
| Director/Officer in Charge | | | |
| Chair, Credentials Committee | | | |
| Chair, ECOMS | | | |

APPENDIX A

CLINICAL APPRAISAL REPORT

REGISTERED DENTAL HYGIENISTS (RDH) AND DENTAL TECHNICIANS (DT)
(ORAL PROPHYLAXIS)

SECTION I. ADMINISTRATIVE DATA

- a. Reporting Activity/Branch:
- b. Period Covered:
- c. Practitioner Name/Grade/SSN/Designator:
- d. Status: _____ Government Service (GS) _____ Contract _____ Military
- e. Purpose: _____ Periodic _____ Transfer _____ Termination/Record Closure
- f. IPF Reviewed: ____ Yes ____ No
- g. Contents Current and Complete per BUMEDINST 6320.66E: ____ Yes ____ No

CLINICAL PERFORMANCE PROFILE

SECTION II. PRACTICE VOLUME DATA

- a. Patient Sitzings (09973)
 - b. Procedures Reported Dental Management Information System (DENMIS)
"Credentials Report" Total
 - 01110 Adult Prophylaxis
 - 01204 Topical Fluoride Application without Prophylaxis
 - 01205 Topical Fluoride Application with Prophylaxis
 - 01310 Dietary Counseling
 - 01320 Tobacco Counseling
 - 01330 Individual Oral Health Counseling
 - 01351 Pit and Fissure Sealants
 - 04341 Periodontal Scaling/Root Planing (RDH/DT 8705)
 - c. Dental Record Reviews (#Discrepancies/#Items Reviewed) _____/_____
 - d. Use Of Local Anesthetic Agent Authorized: ____ Yes ____ No
- If Yes, # of 09210s (local anesthesia) reported during evaluation period.

SECTION III. FACILITY WIDE MONITORS

| Facility Wide Monitors | Sat | Unsat | Not Obs |
|---|------------|--------------|----------------|
| a. Utilization management | | | |
| b. Infection control | | | |
| c. Patient contact/satisfaction program | | | |
| d. Risk management activities | | | |

Note: For any item in section III marked "unsatisfactory", provide full details in section VII or on a separate sheet of paper. Identify items by section and letter.

| | | |
|---------------------|----------|------------------|
| Compliments: | # | Comments: |
| | | |
| | | |
| Complaints: | # | Comments: |
| | | |
| | | |

SECTION IV. PROFESSIONAL DEVELOPMENT

- # of continuing education credit hours awarded _____.
- # of papers published and professional presentations _____.
- Other recognition of positive professional achievement (attach explanation/ comments).

Section V. EVALUATION ELEMENTS

| Facility Wide Monitors | Sat | Unsat | Not Obs |
|---|------------|--------------|----------------|
| a. Basic professional knowledge | | | |
| b. Technical skill/competence | | | |
| c. Professional judgment | | | |
| d. Ethical conduct | | | |
| e. Participation in staff, department, and committee meetings | | | |
| f. Ability to work with peers and support staff | | | |
| g. Ability to work staff | | | |

Note: For any item in section V marked "unsatisfactory", provide full details in section VII or on a separate sheet of paper. Identify items by section and letter.

SECTION VI. PERFORMANCE AND HEALTH EVALUATION

| To your knowledge, has the practitioner at this activity | Yes | No |
|---|------------|-----------|
| a. Been the primary subject of an investigation? | | |
| b. Provided substandard care as substantiated through one of the actions in item a? | | |
| c. Required counseling, additional training or special supervision? | | |
| d. Failed to obtain appropriate consultation? | | |
| e. Required modification of practice due to health status? | | |
| f. Been the subject of a disciplinary action for misconduct? | | |
| g. Been diagnosed as being alcohol dependent or having a organic mental disorder or psychotic disorder? | | |

Note: For any item in Section VI marked "yes", provide full details in section VII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

SECTION VII. COMMENTS

Use this section to document any responses from sections III, V, and VI that require clarification. Also provide a written narrative of any trends (positive or negative) noted during this evaluation period.

SECTION VIII. PRIVILEGES AUTHORITY SIGNATURES

| Title | Signature | Comments Attached | Date |
|-----------------|------------------|--------------------------|-------------|
| Department Head | | | |
| Provider | | | |
| Directorate | | | |

APPENDIX B

ICF AND IPF CONTENTS FOR NEW ACCESSIONS, EMPLOYEES ENTERING CIVIL SERVICE, CONTRACTORS, AND OTHERS ENTERING INTO AN INITIAL CONTRACT OR AGREEMENT

1. Evidence of qualifying degrees needed for the performance of clinical privileges, e.g., Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgery (DDS), Doctor of Medical Dentistry (DMD), Doctor of Philosophy (PhD), Master of Social Work (MSW), Bachelor of Science in Nursing (BSN), master's or doctoral nursing degree. For physician graduates of foreign medical schools, other than approved schools in Canada and Puerto Rico, evidence of passing the FMGEMS or the examination of the ECFMG or completing Fifth Pathway, unless the practitioner entered civil service before 1 September 1984, constitutes the qualifying degree. Independent verification of these documents is required.
2. Evidence of postgraduate training, e.g., internship, residency, fellowship or nurse anesthesia. Independent verification of these documents is required.
3. Evidence of State licensure. A listing of all health care licenses held within the last 10 years, including an explanation for any license that is not current or that has terminated or lapsed, voluntarily or involuntarily. The current status of all licenses held by practitioners within the last 10 years shall be independently verified. For clinical support staff members, all licenses held within the last 10 years must be primary source verified. For licenses not current, include explanation as to why license has been terminated or lapsed, voluntarily or involuntarily.
4. Evidence of specialty board certifications, if applicable, and independent verification of these documents. Clinical support staff nursing certifications do not require independent verification.
5. A listing of practice experience to account for all periods of time following graduation from medical school, dental school, nursing school, etc.
6. Evidence of current competence (letters of reference and a recent description of clinical privileges as concurred with by the directors of the facility in which the practitioner is or was practicing). The PAR contained in a practitioner's ICF serves as a letter of reference attesting to current competency for a practitioner coming from a Navy MTF/DTF.
7. Documentation of any medical malpractice claims, settlements, judicial, and/or administrative adjudications with a brief description of the facts of each case.

8. History of any disciplinary action by hospital, licensure or certification board, or other civilian agency. This shall include any resolved or open charges of misconduct, unethical practice, or substandard care.
9. Statement on physical and mental health to include any history of drug or alcohol abuse.
10. Interview summary by at least one Navy Medical Department officer of the same or similar specialty.
11. A report from the NPDB/HIPDB.

APPENDIX C

TEMPLATE FOR LOCAL COMMAND IMPLEMENTING (NAVHOSP/MEDCLIN/DENCEN) INSTRUCTION 6320.____

Subj: CREDENTIALS REVIEW AND PRIVILEGING PROGRAM

Ref: (a) DOD Directive 6025.13 of 20 Jul 95
(b) BUMEDINST 6320.66E
(c) BUMEDINST 6320.67A
(d) JCAHO Accreditation Manual for Hospitals (NOTAL)
(e) JCAHO Accreditation Manual for Ambulatory Care (NOTAL)
(f) BUMEDINST 6010.17B
(g) DOD Directive 6025.13 of 4 May 2004

1. Purpose. To provide a credentials review and privileging instruction per references (a) through (f).

2. Cancellation. Existing local credentials review and privileging instruction, and medical staff policies and procedures.

3. Applicability. This instruction applies to all military (active duty and Reserve) and civilian health care practitioners and clinical support staff who are assigned (including volunteers), employed or contracted to this facility or who are enrolled in a Navy-sponsored training program.

4. Policy

a. Licensure, certification, or registration is a qualification for employment and commission as a uniformed health care provider in the Military Health Services (MHS) and is required the entire period of employment and commission regardless of assignment, billet type or duties and responsibilities, e.g., clinical, research, executive medicine or business administration. Since licensure, certification, or registration is an employment and commissioning requirement, this requirement remains in effect even if the individual moves from direct patient care into a non-clinical assignment or duties. Per reference (a), Department of the Navy (DON) policy states all health care practitioners responsible for making independent decisions to diagnose, initiate, alter or terminate a regimen of medical or dental care within the scope of their licensure or certification are subject to credentials review and must be granted a professional staff appointment with clinical privileges by a designated privileging authority before providing care independently. Practitioners must possess a current, valid, unrestricted license or certificate, a license or certificate exemption, or be specifically authorized to practice independently without a license or certificate or exemption of same, as prescribed in reference (e), to be eligible for a professional staff appointment with clinical privileges.

b. Per reference (a), health care providers whose professional impairment or misconduct may adversely affect their ability to provide safe, quality care must be immediately removed from direct patient care activities. This is not only a regulatory requirement but a moral and ethical responsibility of the officials involved.

5. Scope. This instruction provides for local implementation of the scope of functions described in references (b) and (c). Specifically:

a. Application for appointment to the professional staff and request for clinical privileges.

b. Mechanisms for professional staff appointment and the delineation of clinical privileges.

c. Clinical privilege sheets including core privileges.

d. Handling, maintenance, storage and disposal of ICFs and IPFs.

e. Roles and responsibilities for:

(1) The commanding officer.

(2) The ECOMS/ECODS.

(3) The Credentials Committee (if applicable).

(4) Directors.

(5) Department heads.

(6) Medical Staff Services Professional.

(7) Health care practitioner or provider.

f. Mechanisms for personnel transfer, TAD, or PCS.

g. Mechanisms to ensure all health care providers meet the licensure, certification, or registration requirement regardless of assignment, billet type, or duties and responsibilities.

6. Responsibilities. Responsibilities for key personnel identified in paragraph 5e of this instruction are described in reference (b). These key individuals and committee members are expected to be thoroughly familiar with references (b) through (e). The

professional staff has primary cognizance for the effective, efficient and active implementation of this instruction. For commands desiring to have a Credentials Committee, add: In light of the size and complexity of this command, the professional staff has elected to use a Credentials Committee to support the ECOMS/ECODS in its execution of responsibilities related to credentials review and privileging. The Credentials Committee consists of _____ (number) members nominated by the professional staff and appointed by the commanding officer annually.

7. Confidentiality. Reference (g) specifies confidentiality of medical quality assurance and quality management records within the DON and shall be followed.

8. Action. References (b), (c), (f), and (g) must be immediately made available to key personnel in paragraph 5e.

APPENDIX D

FORMAT FOR DEPARTMENTAL CRITERIA FOR INITIAL STAFF, ACTIVE STAFF, AFFILIATE STAFF, AND ACTIVE STAFF REAPPOINTMENT WITH CLINICAL PRIVILEGES

The privileging authority shall prepare a list of criteria such as provided in this example for each specific kind of appointment (initial, active, affiliate, renewal of active). The number of cases to be performed or reviewed, type of training, etc., shall be specific to the kind of appointment and is expected to differ due to widely varying time periods and levels of expertise.

Department: _____

Approved by ECOMS/ECODS on: _____(date)

1. Criteria for (insert kind of appointment)

- a. Qualifying degree - MD, DDS, ECFMG, or FMGEMS.
- b. Postgraduate training - internship, residency, or fellowship.
- c. Current licensure, certification, or specific exemptions permitting independent practice.
- d. Peer recommendations of current competence. Performance appraisal reports from previous DON MTFs/DTFs constitute peer recommendations.
- e. Health status.
- f. Interview with department head, if deemed necessary.
- g. Review of applicant's ICF, and NPDB/HIPDB query.

2. Criteria for clinical privileges

- a. Core privileges - same as above criteria for a medical staff appointment.
- b. Supplemental privileges (for specific privileges whose criteria exceed those for core privileges).
 - (1) Additional training required.
 - (2) Additional certification required.

- c. Temporary privileges (granted for specific patient needs).
3. Criteria used to evaluate current competence during (insert type of appointment) staff appointment with clinical privileges. A proctor, assigned in writing by the department head, is given the responsibility for monitoring the criteria listed below.
- a. Volume indicators (scope of care). Listing of number and types of cases to be reviewed (emphasis on selected privileges).
 - (1) Direct observation.
 - (2) Medical or dental record review.
 - b. Results of quality management activities
 - (1) Sentinel or rate-based events (departmental and facility-wide).
 - (2) Professional staff monitors, as applicable.
 - (3) Facility-wide monitors.
 - (4) Performance improvement reviews.
 - (5) Risk management activities (health care reviews, JAGMANs, malpractice claims).
 - (6) Patient complaints and patient satisfaction data.
 - c. Compliance with professional staff bylaws, policies, procedures and code of ethics.
 - d. Health status.
 - e. Staff participation in committee or departmental meetings (minimum of _____ percent attendance).
 - f. Participation in continuing professional education (may include minimum number of hours and subjects).